**Caution: DRAFT FORM** 

This is an advance draft copy of a California tax form. It is subject to change and FTB approval before it is officially released.

If you have any comments on this draft form, you can submit them to us on our website at <a href="https://www.ftb.ca.gov/forms/drafts/index.html">www.ftb.ca.gov/forms/drafts/index.html</a>.

2007

## **Wage and Withholding Summary**

**W-2** 

Important: Attach this schedule directly behind Side 2 of your return.	
Attach your Form(s) W-2 to the front of your income tax return, or cor	nplete CA Sch W-2. Use this schedule to transfer information from your
Form(s) W-2. If you need more space, complete a separate CA Sch V	W-2. If you complete a CA Sch W-2, do not submit your Form(s) W-2.
	W-2 to the appropriate boxes on this schedule. If Form(s) W-2 contain data
from multiple states, you cannot use this form. The shaded areas ne	ed to be completed to ensure excess SDI/VPDI claims.
Taxpayer W-2 information. (Transfer amounts from your Fo	rm(s) W-2 to the appropriate boxes below.) Complete a box for each
Form W-2 you receive.	2nd W-2
Social Security Number (box a) — —	Social Security Number (box a) — — —
Employer ID Number (EIN) (box b)	Employer ID Number (EIN) (box b)
State & Employer's State ID Number (box 15)	State & Employer's State ID Number (box 15)
Employer Name (box c)	Employer Name (box c)
State Wages, Tips, etc. (box 16)	State Wages, Tips, etc. (box 16)
CA State Income Tax (box 17)	CA State Income Tax (box 17)
Social Security Wages (box 3)	Social Security Wages (box 3)
SDI/VPDI (Local Income Tax) (box 14 or 19)	SDI/VPDI (Local Income Tax) (box 14 or 19)
3rd W-2	4th W-2
Social Security Number (box a) — —	Social Security Number (box a) — —
Employer ID Number (EIN) (box b)	Employer ID Number (EIN) (box b)
State & Employer's State ID Number (box 15)	State & Employer's State ID Number (box 15)
Employer Name (box c)	Employer Name (box c)
State Wages, Tips, etc. (box 16)	State Wages, Tips, etc. (box 16)
CA State Income Tax (box 17)	CA State Income Tax (box 17)
Social Security Wages (box 3)	Social Security Wages (box 3)
SDI/VPDI (Local Income Tax) (box 14 or 19)	SDI/VPDI (Local Income Tax) (box 14 or 19)
each Form W-2 you receive. 1st W-2	Form(s) W-2 to the appropriate boxes below.) Complete a box for
	2nd W-2
Social Security Number (box a) — —	Social Security Number (box a) — —
Employer ID Number (EIN) (box b)	Employer ID Number (EIN) (box b)
State & Employer's State ID Number (box 15)	State & Employer's State ID Number (box 15)
Employer Name (box c)	Employer Name (box c)
State Wages, Tips, etc. (box 16)	State Wages, Tips, etc. (box 16)
CA State Income Tax (box 17)	CA State Income Tax (box 17)
Social Security Wages (box 3)	Social Security Wages (box 3)
SDI/VPDI (Local Income Tax) (box 14 or 19)	SDI/VPDI (Local Income Tax) (box 14 or 19)
3rd W-2	4th W-2
Social Security Number (box a) — —	Social Security Number (box a) — —
Employer ID Number (EIN) (box b)	Employer ID Number (EIN) (box b)
State & Employer's State ID Number (box 15)	State & Employer's State ID Number (box 15)
Employer Name (box c)	Employer Name (box c)
State Wages, Tips, etc. (box 16)	State Wages, Tips, etc. (box 16)
CA State Income Tax (box 17)	CA State Income Tax (box 17)
Social Security Wages (box 3)	Social Security Wages (box 3)
SDI/VPDI (Local Income Tax) (box 14 or 19)	SDI/VPDI (Local Income Tax) (box 14 or 19)
1. Total state wages from the Form(s) W-2 for taxpayer (Add box	16 from all Form(s) W-2 for taxpayer) \$
For nonresidents or part-year residents, enter your total California wages	from all your Form(s) W-2 for taxpayer (Add box 16 from all Form(s) W-2 for taxpayer
2. Total state wages from the Form(s) W-2 for spouse/RDP (Add b	
	om all Form(s) W-2 for spouse/RDP (Add box 16 from all Form(s) W-2 for spouse/RDP)
<ol> <li>Total California Wages from all Form(s) W-2 . (Add line 1 and line 9; Form 540A, line 12a; Form 540 or Form 540NR (Long</li> </ol>	
report any W-2 income on line a, Column B, that was not rep	
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